



Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement Division  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
651-201-7507 TTY 651-282-6555  
**APPLICATION AND PERMIT FOR A 1 DAY  
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization		Date of organization	Tax exempt number	
Southwest Minnesota State University Foundation, Inc. (SMSU Fdn)		Oct 17, 1963	31153	
Organization Address (No PO Boxes)		City	State	Zip Code
1501 State Street		Marshall	Minnesota	56258
Name of person making application		Business phone	Home phone	
Nathan Polfliet		507-537-6285	605-695-5664	
Date(s) of event	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer			
02/22/2025 (SMSU Gold Rush Raffle)	<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit			
Organization officer's name	City	State	Zip Code	
Nathan Polfliet, Executive Director	Marshall	Minnesota	56258	
Organization officer's name	City	State	Zip Code	
Brad Bacon, President of SMSU Foundation Board	Cold Springs	Minnesota	56320	
Organization officer's name	City	State	Zip Code	
		Minnesota		

Location where permit will be used. If an outdoor area, describe.  
SMSU Campus RA Facility Area 1501 State Street Marshall MN

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
North Risk Partners \$2,000,000 / \$2,000,000

**APPROVAL**

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City or County approving the license	Date Approved
Fee Amount	Permit Date
Event in conjunction with a community festival <input type="checkbox"/> Yes <input type="checkbox"/> No	City or County E-mail Address
Current population of city	

Please Print Name of City Clerk or County Official

Signature City Clerk or County Official

**CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event**

**No Temp Applications faxed or mailed. Only emailed.**

**ONE SUBMISSION PER EMAIL, APPLICATION ONLY.**

**PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US**